AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless Q (

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107	W Michigan	4th F	1				
Mailin	g Address	-					
<u>Kala</u>	ımazoo MI 4	9007					
City, S	State, Zip Code						
	15 Alton Pa	rkway,	Ste 245				
Busine	ess Location						
	ine, CA 926	18			Orang		
City, S	State, Zip Code				County		
			REGIST	ERED AGENT	INFORMATION		
D	t Amount D	. 1 1 a to a					
Regis	tered Agent: B A	Allston	1 MOOLE 0	<u>T</u>			
Mailin	g Address: 5 Ex	chang	e St				
City, S	State, Zip Code:	Charle	ston SC	29401			
					nt ar tuna namna	ny contact for the fol	lowing areas:
	Pursuant to the C	<u>commissio</u>	on's rules and	regulations, pri	nt or type compa	ny contact for the fol	ownig areas.
Α.	Jen Ramse	ev					
Α.	General Manage	r (Include	address if differer	nt than above.)			
	949-753-7	7000				y@legentcom.	com
	Telephone Numb	er	Facsim	ile Number	E-mail Add	ress	
В.							
В.	Customer Relati	ons /Comp	laints Represer	ntative (Include a	ddress if different tha		
	949-753-7					y@legentcom.	com
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	949-753-7	7000				y@legentcom.	com
	Telephone Numb	er	Facsim	iile Number	E-mail Add	dress	
C2.	866-469-0	0829					
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Patrick D Crocker Universal Service Fund Mailings (Name)						
ycompliance						
Patrick D Crocker						
Gross Receipts Mailings (Name)						
107 W Michigan 4th Fl, Kalamazoo MI 49007 Mailing Address						
ycomplianc						
Lifeline Mailings (Name)						
						
Title Date						
RETURN COMPLETED FORM TO:						
Office of Regulatory Staff						
Attn: Jeanne Gordon 1401 Main Street, Suite 900						